

JUN 12 2006

PTO/SB/52 (07-03)

Approved for use through 01/31/2004, OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) T068 / TELNP120USA	
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Symbol Technologies, Inc.</u> and the title of my position with said assignee is: <u>Corporate Counsel</u> The entire title to the patent identified below is vested in said assignee.			
Inventor <u>James M. Cisar</u>		Citizenship <u>United States</u>	
Residence/Mailing Address <u>8770 North Kane Road, Wadsworth, Ohio 44281</u>			
Inventor		Citizenship	
Residence/Mailing Address			
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.			
Patent Number <u>5,931,873</u>		Date of Patent Issued <u>August 3, 1999</u>	
Title of Invention <u>PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL</u>			
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>August 2, 2001</u> as reissue application number <u>09 / 921,103</u> and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.			

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

106/12/2006 13:55 FAX 216 696 8731

AMIN, & TUROCY LLP.

JUN 12 2006

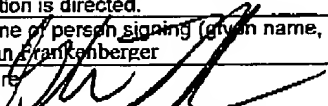
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) T068/TEINPI20USA	
<p>At least one error upon which reissue is based is described as follows:</p> <p>One of the errors upon which reissue is based relates to the patentee failing to claim subject matter relating to a portable device comprising a housing, a bar code reader, and a thumb wheel a thumb wheel adapted to facilitate user interaction with the portable device, the thumb wheel including a wheel portion rotatable about an axis, the wheel portion being selectively rotatable about the axis to facilitate a user selecting at least one function from a plurality of functions displayed on the display, and at least a portion of the thumb wheel extending from the housing, the wheel portion being transversally moveable and wherein transaxial movement of the wheel portion initiates selection of the at least one function as set forth in newly added claim 23. The newly added independent claims (23, 38, 41, 42, and 46) are different from the originally filed claims at least in that they set forth the aspect of a bar code reader/scanner. This failure caused the patentee to claim less than he had the right to claim in the patent. This subject matter is shown in Figure 1 and is discussed in the patent, for example, at column 3, lines 37-50 and column 4, lines 42-48</p>			
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>			
<p>I hereby appoint:</p>			
<p><input type="checkbox"/> Practitioners at Customer Number: </p>			
OR			
<p><input checked="" type="checkbox"/> Practitioner(s) named below:</p>			
Name		Registration Number	
Himanshu S. Amin		40,894	
John M. Ling		51,216	
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>			
<p>Correspondence Address: Direct all communications about the application to:</p>			
<p><input type="checkbox"/> Customer Number: 23623</p>			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name		Himanshu S. Amin	
Address		24th Floor, National City Center	
Address		1900 East Ninth Street	
City	Cleveland	State	Ohio
Zip	44114		
Country		United States	
Telephone	(216) 696-8730	Fax	(216) 696-8731
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
<p>Full name of person signing (given name, family name) Glenn Frankenberg</p>			
Signature		Date	
		6/1/06	
<p>Address of Assignee One Symbol Plaza, Holtsville, New York, 11742</p>			

(Page 2 of 2)